

The
Management
University
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UNDERGRADUATE UNIVERSITY EXAMINATIONS

SCHOOL OF MANAGEMENT AND LEADERSHIP

DEGREE OF BACHELOR OF ARTS IN DEVELOPMENT STUDIES

BDS 208: HEALTH AND DEVELOPMENT

DATE: 18TH APRIL 2017

DURATION: 2 HOURS

MAXIMUM MARKS: 70

INSTRUCTIONS:

1. Write your registration number on the answer booklet.
2. **DO NOT** write on this question paper.
3. This paper contains **SIX (6)** questions.
4. Question **ONE** is compulsory.
5. Answer any other **THREE** questions.
6. Question **ONE** carries **25 MARKS** and the rest carry **15 MARKS** each.
7. Write all your answers in the Examination answer booklet provided.

QUESTION ONE

Read the Case Study below carefully and answer the questions that follow:

The initial reaction of many countries to the pandemic was to try to persuade individuals and selected groups to change their behaviour by providing information about HIV/AIDS. However, behaviour change was later understood to require more than mere information and the importance of decision making and negotiation skills, accessibility of commodities and services, and supportive peer norms became increasingly apparent.

By the mid - 1980's, it was well appreciated that individuals do not always control their own risk situations. This led to the development of prevention programmes aimed at enabling particular groups or communities such as sex workers and men who have sex with men to adopt safer sexual behaviour. At the same time, as individuals infected with HIV earlier in the epidemic gradually fell ill and died, challenging family and community structures. Alike, the need to provide health care and cushion the epidemic's impact became increasingly obvious. Simultaneously, the importance of work on non-discrimination, protection and promotion of human rights, and against stigmatization brought by HIV/AIDS, was more widely recognized, including the importance of involving different sectors of society (NASCOP, 2005)

As the epidemic deepened countries came to realization that HIV/AIDS was also a development challenge to the extent that people's vulnerability to infection has social and economic roots, often including marginalization, poverty and women subordinate status. These conditions needed to be tackled as a way of making society as a whole less vulnerable to HIV over the long term.

Advancing other social goals such as education, empowerment of women and human rights protection are important for reducing overall societal vulnerability to infection, as well as critical in their own right. At the same time, planners needed to bear in mind

that development projects such as the construction of a major highway or the creation of free - trade zones may exacerbate the epidemic by promoting rapid urbanization, splitting families and depriving individuals of familiar social support systems. These negative effects need to be anticipated and actively countered.

Required:

- a) Discuss the five mostly acknowledged theories about the origin of HIV. (10 marks)
- b) Explain any five public health programs (5 marks)
- c) Analyse any five strategies adopted by the Kenyan government to fight the spread of HIV and AIDS. (10 marks)

QUESTION TWO

- a) Explain any five theories of development. (10 marks)
- b) Explain five major causes of morbidity and mortality. (5 marks)

QUESTION THREE

- a) Explain the four international development goals that were established following the millennium summit of the United Nations in 2000. (8 marks)
- b) Discuss seven reasons for disparities in access to health care. (7 marks)

QUESTION FOUR

- a) Examine any four types of child abuse. (7 marks)
- b) Explain any four arguments for female genital mutilation. (8 marks)

QUESTION FIVE

- a) Describe the structure of healthcare In Kenya. (8 marks)
- b) Explain seven traditional hazards related to poverty and insufficient development. (7 marks)

QUESTION SIX.

Discuss five multisectoral impact of HIV/ Aids citing examples. (15 marks)